DEC 12 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

37678

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9652

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Clara M. Mincke

(a) Residence, No. ..... St., N R Ward. Sherman, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry J. Mincke,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1873-5-19

7. AGE: YEARS 62 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pond, Mo.

FATHER

13. NAME: Unk. Hillebrand,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany,

MOTHER

15. MAIDEN NAME: Unk. Brueggehoff,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany,

17. INFORMANT (ADDRESS): Paula Mincke Sherman, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel (Pond, Mo.) DATE 11/19/35 19

19. UNDERTAKER (ADDRESS): Robert J. Cambrantis Clayton Rd. at Concordia Lane.

20. FILED NOV 18 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 17 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 21 - 1935, to 11 - 17 - 1935

I last saw her alive on 11 - 17 - 1935 Death is said to have occurred on the date stated above, at 8.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - generalized;	
Breast - primary site.	

Other contributory causes of importance: 50

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Kunkel, M. D.

(Address) BARNES HOSPITAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.